

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF EDWARD WILLIAMS Vs. Corr. Med. Services et. al;		COURT CASE NUMBER 1:07-CV-00637 - JJF
DEFENDANT Beau Biden State of Del. Attorney General		TYPE OF PROCESS C.R.A. 42 U.S.C. § 1983
SERVE ➡ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN BEAU BIDEN STATE OF DELAWARE ATTORNEY GENERAL Dept. of Justice	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 820 N. French St. CARVEL STATE OFFICE BLDG, Wilm. Delaware 19801	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285
EDWARD WILLIAMS, SBI#350587		one 1-1983 Forms
D.C.C. 1181 Paddock Road unit S-1-G-19		Number of parties to be served in this case
Smyrna, Delaware, 19977		8
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

8AM to 4PM

FILED
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE
JUL 22 AM 9:08
5

Signature of Attorney or other Originator requesting service on behalf of:

Edward Williams

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE
5/20/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 15	District to Serve No. 15	Signature of Authorized USMS Deputy or Clerk [Signature]	Date 6-9-08
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I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Jen Oliver DAG

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service
7/21/08

Time
125 pm

Signature of U.S. Marshal or Deputy
[Signature]

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: